



State of Missouri

Matt Blunt, Secretary of State

Corporations Division
P.O. Box 778 / 600 W. Main Street, Rm 322
Jefferson City, MO 65102

Application for an Amended Registration of a Foreign Limited Partnership in Missouri

(Submit in duplicate with filing fee of \$25)

1. The current name of the foreign limited partnership in Missouri is: _____
and was formed in the State of _____ on the date of _____ (month/day/year);
and it was registered in the State of Missouri on _____ (month/day/year).

By appropriate action, the limited partnership has:

2. Changed its name in parent state to: _____
If different in Missouri, the name under which the foreign limited partnership will transact business in Missouri (must include
“L.P.”, “LP”, or “limited partnership” in name): _____.

3. Changed the address of the office required to be maintained in the state of its organization by the laws of that state or, if none
required, the address of the principal office of the foreign limited partnership to:

| Name | Street address (may not use P.O. box unless street address also provided) | City/State/Zip |
|------|---|----------------|
|------|---|----------------|

4. Added any new general partners (list all with business addresses, on attached sheets if necessary, and indicate the date of the
new partner's admission)

| Name | Street address (may not use P.O. box unless street address also provided) | City/State/Zip | Date of Admission |
|------|---|----------------|-------------------|
|------|---|----------------|-------------------|

5. Withdrawn any general partners (list all with business addresses, on attached sheets if necessary, and indicate the date of the
partner's withdrawal.)

| Name | Street address (may not use P.O. box unless street address also provided) | City/State/Zip | Date of Withdrawal |
|------|---|----------------|--------------------|
|------|---|----------------|--------------------|

6. Changed the address of the office at which a list of the names and addresses and capital contributions of limited partners is
kept to:

| Name | Street address (may not use P.O. box unless street address also provided) | City/State/Zip |
|------|---|----------------|
|------|---|----------------|

In affirmation thereof, the facts stated above are true:

Signature of General Partner
LP#22 (12/02)

Printed Name

Date